Do not use this space.

28637

1. PLACE OF DEATH

County _Wayne_

Township _Williams_

Registration District No. _892_

Primary Registration District No. _6193_

File No. _____

Registered No. _19_

City _____ (No. _____ St. _____ Ward)

2. FULL NAME _John J. Hartley_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Batcheler_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Feb. 28, 1872_

7. AGE — YEARS _61_ MONTHS _5_ DAYS _27_ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Painter and_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Ex Service man_

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Browns, Ill._

FATHER

13. NAME _Christopher Hartley_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Leeds, England_

MOTHER

15. MAIDEN NAME _Margaret Dempsey_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _England_

17. INFORMANT (ADDRESS) _Ben Hartley_ _Browns, Ill._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Chapel Hill_ DATE _Aug. 27, 1933_

19. UNDERTAKER (ADDRESS) _Norman Sisk_ _Piedmont, Mo._

20. FILED _Aug. 26, 1933_ _Mrs. Hattie McGhee_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Aug. 26, 1933_

22. I HEREBY CERTIFY, That I attended deceased from _January_, 1931, to _August_, 1933 I last saw h___ alive on _August 19_, 1933 Death is said to have occurred on the date stated above, at _7:15_ A. m.

The principal cause of death and related causes of importance were as follows:

Endo-Cardites

Date of onset _1931_

_G.S.A._

Other contributory causes of importance: _____

Name of operation _none_ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _Jno. F. Wagner_ M. D.

(Address) _Greenville, Mo._